PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/092,350 Application Number TRANSMITTAL March 7, 2002 Filing Date **FORM** First Named Inventor John S. Formon 3724 Art Unit **Examiner Name** F. Omar (to be used for all correspondence after initial filing) 009242.00105 Total Number of Pages in This Submission Attorney Docket Number ENCLOSURES (check all that apply) ☐ Drawing(s) After Allowance Communication to TC Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information **Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address ___ Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD

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under 37 CFR1.52 o	or 1.53			
	SIGNATURE OF APPLICANT,	ATTORNEY, O	R AGENT	
Firm	Banner & Witcoff, LT	D.		•
Signature	atil. Kas	lac		
Printed Name	Anthony W. Kandare			
Date	September 8, 2005	Reg. No.	48,830	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid one source of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid one of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid one of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid one of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid one of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless.

Applicant claims small entity status. See 37 CFR 1.27 Examiner Name F. Omar John S. Formon John S.	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
Application Type Fee (s) Fee(s)			Application Number	10/092,350		SEP 0 8 mor 6		
Applicant claims small entity status. See 37 CFR 1.27 Examinen Name F. Omer	-		Filing Date	March 7, 2002	<u> </u>	2003		
TOTAL AMOUNT OF PAYMENT (s) 500.00	for FY 2005			First Named Inventor	John S. Formon	13	Crown of C	
METHOD OF PAYMENT (check all that apply)	Applicant claims	small entity s	tatus. See 37 CFF	₹ 1.27	Examiner Name	F. Omar		PEMAN
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify) : □ Deposit Account Deposit Account Number: 19-0733 □ Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments □ Under 37 CFR 1.16 and 1.17 ■ WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES					Art Unit	3724		
Check	TOTAL AMOUNT OF	PAYMENT	(\$) 500.00		Attorney Docket No.	009242.00105		
Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fee(s) Fee(s) Fee(s) Small Entity Application Type Fee (s) Fee(s) Fee(s) Fee(s) Plant 200 100 100 50 130 65 Plant 200 100 100 50 130 65 Plant 200 100 0 0 0 0 0 0 Reissue 300 150 500 250 600 300 — Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 30 (including Reissues) Bach claim over 20 (including Reissues) Each independent claims Total Claims Total Claims Extra Claims Fee(s) Fee(s) Fee Paid (s) - 20 or IPP — x 50 =	METHOD OF PAYN	TENT (check	all that apply)					
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Charge any additional fee(s) or underpayments of fee(s)	For the above	e-identified de	eposit account, the	Director is	hereby authorized to:	(check all that apply)	ı	
WARNING: Information on this form. Provide credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION	. Charg	je fee(s) indica	ated below		☐ Cha	rge fee(s) indicated b	elow, excep	pt for the filing fee
MARNING: Information on this form may become public. Credit card Information aduntorization on PTO-2038.		je any additior	nal fee(s) or underp	payments o	f fee(s) 🔀 Cred	dit any overpayments		
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		Anthony W					Date	9/8/05

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sufficient postage as first class mail in an envelope	John S. Formon				
addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]	Application Num	ber	Filed		
on	10/092,350		March 7, 2002		
Signature	For APPARATUS AND METHODS USABLE IN CONNECTION WITH DISPENSING FLEXIBLE SHEET MATERIAL FROM A ROLL				
Typed or printed name	Art Unit Examiner F. Omar				
Applicant hereby appeals to the Board of Patent Appe	als and Interference	es from the decisi	on of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))			\$ <u>500.00</u>		
Applicant claims small entity status. See 37 CFR 1.27. T by half, and the resulting fee is:	herefore, the fee sho	wn above is reduced	. \$		
☐ A check in the amount of the fee is enclosed.					
☐ Payment by credit card. Form PTO-2038 is attached.					
☐ The Director has already been authorized to charge fees I have enclosed a duplicate copy of this sheet.	in this application to	a Deposit Account.			
☑ The Director is hereby authorized to charge any fees whi	ch may be required, o	or credit any overpayr	ment		
to Deposit Account No. $\underline{19-0733}$. I have enclosed a	duplicate copy of this	sheet.			
☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is encl	osed.			
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I am the		_llv	t) Vi Radau		
applicant/inventor.			Signature		
assignee of record of the entire interest.		Anthon	y W. Kandare		
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is e (Form PTO/SB/96)	nclosed.	7	Typed or printed name		
☑ attorney or agent of record.	202-82	202-824-3244			
Registration number 48,830.			Telephone number		
☐ attorney or agent acting under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34.		Septem	nber 8, 2005		
		_	Date		

★Total of 1 forms are submitted.

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